



State of Delaware
Department of Human Resources
Statewide Benefits Office

STATE EMPLOYEE BENEFITS COMMITTEE

Health Care Stakeholder Request for Information

Request No. DHR21004-RFI_PCP

Release Date – September 22, 2020

***- Deadline to Respond -
December 1, 2020
1:00 PM EST (Local Time)***

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SUMMARY

This Request for Information (RFI) will **not** result in award of a competitively bid contract.

The State of Delaware, State Employee Benefits Committee (SEBC), is seeking market information on health care stakeholders interested in partnering with the Group Health Insurance Program (GHIP) on advanced payment models with down-side risk and/or on expanding access to primary care for GHIP participants. The information gathered may or may not lead to the issuance of a Request for Proposal (RFP). Please review and follow the information and instructions contained in this RFI.

The information obtained in this RFI will be used as key input for expansion upon the scope of services within the upcoming GHIP Medical TPA RFP, which is scheduled for release in the Spring, 2021. The information may also be used in an RFP for any one or more types of services provided by the health care stakeholders interested in purposes specified above.

Respondents have the opportunity to deem information in their response as confidential and proprietary by following the directions in the Confidentiality of Documents section.

Responses are due on Tuesday, December 1, 2020 at 1:00 PM (Local Time).

I. INTRODUCTION

A. RFI DESIGNATED CONTACT

All requests, questions, or other communications about this RFI shall be submitted via email to the State of Delaware unless otherwise directed by the RFI Designated Contact, Ms. Laurene Eheman, laurene.eheman@delaware.gov. Any communications made to other State of Delaware personnel or the SEBC's consulting firm, Willis Towers Watson, unless so designated or attempting to ask questions by phone or in person will not be allowed or recognized as valid. Respondents should rely only on written statements issued by the RFI Designated Contact or ProposalTech.

However, questions related to use of ProposalTech (i.e., regarding the registration process or other technical questions specific to ProposalTech), contact ProposalTech Support at (877) 211-8316 x84.

B. CONTACT WITH STATE EMPLOYEES

Direct contact with State of Delaware employees other than the State of Delaware Designated Contact or her designee regarding this RFI is expressly prohibited without prior consent. Exceptions exist only for organizations currently doing business in the State who require contact in the normal course of doing that business.

C. RFI OBLIGATION

The RFI is a request for information only. There will be no contract awarded as a result of this RFI. Nothing in the materials respondents provide, further referred to as Respondent Information Packages (RIP) as a response to this RFI nor the State's remarks or responses to the RIP's of any individual respondent, will be considered binding for a future contract.

D. RFI QUESTION AND ANSWER PROCESS

The SEBC anticipates this will be an interactive process and will make every reasonable effort to provide sufficient information for responses. Respondents are invited to ask questions during the response process and to seek additional information, if needed. However, do not contact any member of the SEBC or Statewide Benefits Office (SBO) except for the Designated Contact as stated above about this RFI. Respondents should only rely on written statements issued via the Designated Contact or ProposalTech.

Please be advised that, following the deadline for RFI responses and due to the open-endedness of the RFI questions, you may be contacted through ProposalTech for follow-up questions about your response by the SBO or its consultant, Willis Towers Watson.

E. CONFIDENTIALITY OF DOCUMENTS

The State of Delaware and its constituent agencies are required to comply with the State of Delaware Freedom of Information Act, [29 Del. C. § 10001, et seq. \(“FOIA”\)](#). FOIA requires that the State of Delaware’s records are public records (unless otherwise declared by FOIA or other law to be exempt from disclosure) and are subject to inspection and copying by any person upon a written request. The content of all responses is subject to FOIA’s public disclosure obligations.

The State of Delaware wishes to create a business-friendly environment and process for organizations responding to this request for information. As such, the State respects responding organizations’ desire to protect intellectual property, trade secrets, and confidential business information (collectively referred to herein as “confidential business information”). Responses must contain sufficient information to be evaluated. If a respondent feels that they cannot submit their response without including confidential business information, the respondent must adhere to the following procedure or the State of Delaware may not be able to properly evaluate the response and any applicable protection for the respondent’s confidential business information may be lost.

In order to allow the State to assess a respondent’s confidential business information, respondents will be permitted to designate appropriate portions of their response as confidential business information. If your response contains the phrase “confidential and proprietary” or simply the word “confidential” on each page, such status will not automatically be granted.

If you are providing any information you declare to be confidential or proprietary for the purpose of exclusion from the public record under 29 Del. C. ch. 100, Delaware Freedom of Information Act, you must follow the directions for submission outlined below and within Section III.C., Submission of Response.

The confidential business information must be submitted as one electronic pdf copy as follows:

- 1) A letter from the respondent’s legal counsel describing the information in the attached document(s) and representing in good faith that the information in each document is not “public record” as defined by 29 Del. C. § 10002. The letter must briefly state the reason(s) that the information meets the said definitions. (See Section III.C., Submission of Response, for detailed instructions).

- 2) Copies of the non-redacted pages with that information must be in the same pdf behind the letter.

A respondent’s determination as to its confidential business information shall not be binding on the State. The State shall independently determine the validity of any respondent designation as set forth in this section. Any respondent submitting a response or using the procedures discussed herein expressly accepts the State’s absolute right and duty to independently assess the legal and factual validity of any information designated

as confidential business information. Accordingly, respondent(s) assume the risk that confidential business information included within a response may enter the public domain.

The State is not responsible for incorrect redactions or reviewing your submission to determine whether or not any information asserted as confidential and proprietary is redacted. Mistakes in redactions are the sole responsibility of the respondent.

II. SCOPE OF SERVICES

A. BACKGROUND / PURPOSE

1.0 Organization Description

The SEBC is co-chaired by the Director of the Office of Management and Budget (OMB) and the Secretary of the Department of Human Resources (DHR). The Committee is comprised of the Director of the Office of Management and Budget, the Secretary of the Department of Human Resources, the Insurance Commissioner, the Chief Justice of the Supreme Court, the State Treasurer, the Controller General, the Secretary of the Department of Health and Social Services, the Lieutenant Governor, and the Executive Director of the Delaware State Education Association or their designees. The Statewide Benefits Office (SBO) is a division within the DHR that functions as the administrative arm of the SEBC responsible for the administration of all statewide benefit programs with the exception of pension and deferred compensation benefits. These programs include, but are not limited to, health, prescription drug, dental, vision, disability, life, flexible spending accounts, wellness and disease management programs, pre-tax commuter benefits, employee assistance program, third-party network of surgeons of excellence and supplemental critical illness and accident benefits. Not all members of the GHIP are eligible for participation in all of the benefit programs.

The SBO administers the Group Health Insurance Plan (GHIP), which is self-insured by the State. Eligible participants include active and retired State employees from State agencies, the Delaware Legislative Branch, the Delaware Judiciary, Delaware elected offices, school districts, charter schools, Delaware State University and Delaware Technical Community College, as well as employees of non-State groups (i.e., towns, fire companies, the University of Delaware), and COBRA participants and their enrolled dependents. By statute, employee unions cannot negotiate for benefits, therefore there are no union-specific, alternative plan design for the PPO, HMO, CDH Gold or First State Basic medical plans or the prescription drug benefit plan. Plan participants are primarily located within the State of Delaware, although a small number of participants reside in other states and countries. There are multiple employer units and non-State groups located in three counties throughout the State, with each exercising a high degree of independence. The plan year for the GHIP begins on July 1 and coincides with the State's fiscal year.

Today, the State has contracted with Highmark Delaware and Aetna to administer the medical portion of the GHIP and with Express Scripts (ESI) to administer pharmacy benefit

management (PBM) services. The health management programs are provided through Highmark Delaware, Aetna and Aetna's subcontractor, CareVio¹ for the HMO medical plan. The State will be marketing the medical plan administration (excluding pharmacy but including health management and potentially opportunities to adopt other value-based payment and primary care models) during the spring of calendar year 2021 for a July 1, 2022 contract effective date and is currently marketing the pharmacy benefits administration for a July 1, 2021 contract effective date for the Commercial population (non-Medicare enrolled) and a January 1, 2022 contract effective date for the EGWP² population (Medicare enrolled). The State reserves the right to change its medical third-party administrators and/or PBM at any point during the term of its contract.

2.0 Background Information

2.1 History of Innovation within the GHIP

The SEBC is focused on offering State of Delaware employees, retirees and their dependents adequate access to high quality health care that produces good outcomes at an affordable cost, promotes healthy lifestyles and helps them be engaged consumers. In the last few years, the SEBC has been taking increasingly bolder actions to mitigate the total cost of care for both the GHIP and its participants while driving improvements in the health of the GHIP population. These actions have included:

- Entering into a financial risk sharing arrangement with ChristianaCare (a.k.a. CareVio) for managing the health of the HMO population and reducing trend for that plan;
- Offering a third-party network of high-quality surgeons of excellence through SurgeryPlus (d.b.a. Employer Direct Healthcare) and offering plan participants significant financial incentives to seek care from those providers;
- Expanding virtual telehealth solutions for plan participants to access care for acute conditions, behavioral health care and, most recently, computerized cognitive behavioral therapy (cCBT) through a recently awarded contract for employee assistance program services;
- Leveraging virtual biometric monitoring and guidance for plan participants with diabetes via the Livongo program, and offering a high-touch care management program via Highmark Delaware to plan participants in the PPO and First State Basic plans focused on clinical advocacy and closing gaps in care;

¹ CareVio is a health management program administered by a Delaware-based hospital system, ChristianaCare, for Aetna HMO plan participants.

² EGWP (Employer Group Waiver Plan) is a group Medicare Part D prescription drug plan offered to retirees.

- Increasing understanding and embarking upon research related to improvement of member access and management of care through emerging primary care models;
- Reviewing the landscape of the GHIP's contracted Third-Party Administrators to align with the APM Framework to better understand the carriers' efforts to shift the balance of provider contracting efforts from "fee-for-service" to "pay-for-value";
- Improving transparency related to both cost and quality of care delivered by place of services and type of provider through various workstreams including:
 - Inviting representatives from Johns Hopkins University Bloomberg School of Public Health to present their findings from a [Healthcare Cost Landscape Analysis](#) (sponsored by a grant from the Arnold Foundation project) that evaluated inpatient hospital prices using commercial claims data using public and private data in an effort to support state-level efforts to lower prices;
 - Participating in a [RAND Corporation study](#) of cost variation in hospital payments by private health plans compared to Medicare payments;
 - Conducting other related analyses in partnership with the GHIP's health data warehouse administrator, IBM, and the SEBC's consultant, Willis Towers Watson.

Other opportunities that the SEBC has evaluated in the last few years include evaluating the feasibility of offering onsite/near-site primary care clinics, reviewing the marketplace of third-party fertility management programs and reviewing opportunities to narrow the medical provider networks in favor of steering participants to the highest quality providers.

In addition to the above, the SBO has made significant strides in educating GHIP participants about how to be smart, effective health care consumers by:

- Partnering with Delaware hospitals and The Leapfrog Group to promote hospital quality and safety through various communications;
- Providing decision support tools for medical plan selection at the time of enrollment;
- Adopting plan modifications which created a tiered copay structure aimed at raising awareness of the cost of care by site of service for procedures like labs and imaging and for non-emergency use of the ER;
- Partnering with one of the GHIP's TPAs, Highmark Delaware, to roll out the "Choosing the Right Care" program (<https://dhr.delaware.gov/benefits/right-care/highmark.shtml>);
- Making significant investments in developing a robust benefits website with a significant amount of content on a variety of health care consumer topics (<https://dhr.delaware.gov/benefits/>);

- Developing and issuing a variety of communications related to health care and benefits, often in partnership with the medical carriers, to GHIP plan participants—these communications, both broad and targeted, provide information to at-risk members and members with high cost/prevalent chronic conditions;
- Providing members with substantial pre-diabetes and diabetes resources to support the management of member cost and care through several programs including, but not limited to, the Diabetes Prevention Program and Livongo (<https://dhr.delaware.gov/benefits/diabetes/index.shtml>); and
- Partnering with numerous State agencies and participating groups to promote health education and benefits literacy at the local level, including activities such as:
 - Partnering with the Delaware Department of Public Health and the GHIP medical carriers to develop and distribute communications and education for plan participants on the importance of cancer screenings, prevention and management; the availability of condition-specific resources such as diabetes management and prevention programs; and the tools for choosing the right care³;
 - Providing State agencies and school districts with dashboards reporting on the population health profile and health engagement of each agency or school district’s own employees who are enrolled in the GHIP, and equipping them with tailored coaching and resources on how each agency/district can improve the health of its population and offer plan participants additional support and education on ways to manage and maintain their health;
 - Continuing work on future initiatives including development of a worksite wellness policy, creation of a toolkit of training materials and resources for HR/Benefits Representatives for State agencies and school districts, and the evaluation of opportunities to offer targeted programs and communications on a pilot basis with various subsets of the GHIP population as appropriate.

2.2 Challenges with the Current Health Care Landscape in Delaware

Despite the SEBC and SBO making meaningful progress in many areas related to health care delivery and benefits literacy, there are several areas of improvement that the SEBC has set goals around addressing in the next 2-3 years as part of its GHIP Strategic

³ For further details, see the Statewide Benefits Office website: <https://dhr.delaware.gov/benefits/right-care/index.shtml>.

Framework⁴. The specific goals target broad areas of opportunity that the SEBC has identified related to:

- Shifting a higher percentage of GHIP payments into “payment-for-value” or “value-based” contracts that involve a degree of risk sharing from health care providers.
- Reducing the total cost of care associated with diabetic plan participants through a combination of offering condition-specific programs and benefits to support ongoing diabetes management as well as member self-directed health improvements and lifestyle risk reduction.
- Limiting total cost of care inflation for GHIP participants at a level commensurate with the Delaware Health Care Spending Benchmark by focusing on targeted areas of high trend.
- Incrementally increasing member engagement in consumer decision support tools, either at the point of enrollment or at the point of care.

The SEBC has encountered some challenges in the current Delaware health care landscape that have previously inhibited progress toward similar goals; these challenges include limited opportunities for the GHIP to shift a greater share of its plan payments to advanced APMs through its medical carriers’ provider networks at this time, and GHIP participants experiencing issues accessing primary care.

The SEBC has received periodic updates from its medical carriers about their progress and future plans to further expand provider contracting efforts into more advanced payment models, and the SEBC is interested in understanding barriers and opportunities to accelerate the carriers’ speed of progress toward those future expansion plans. Complicating this issue is the limited degree of transparency with which the SEBC has had into the medical carriers’ existing provider contracts that are constructed on an alternative “pay-for-value” basis. The SEBC is interested in obtaining a more detailed understanding of the terms, provisions and payments that comprise these pay-for-value agreements but has not been able to achieve the desired level of transparency with the medical carriers. As a result, the SEBC is interested in gauging the willingness of Delaware providers to consider entering into advanced payment models (particularly two-sided models consisting of gain-sharing and down-side risk).

In a similar manner, the SEBC’s decision to contract with SurgeryPlus (d.b.a. Employer Direct Healthcare), a third-party administrator of a high-quality surgeons of excellence network, was driven by several factors including the SEBC’s desire to shift a greater proportion of GHIP spend through advanced payment models, drive competition among Delaware providers, and address the relatively high carrier reimbursement rates for certain

⁴ Additional information about the development of the GHIP Strategic Framework can be found on the State’s benefits website here: <https://dhr.delaware.gov/benefits/sebc/documents/strategic-framework.pdf>. The most recent version of the GHIP Strategic Framework that was adopted by the SEBC in February 2020 can be found here: <https://dhr.delaware.gov/benefits/sebc/documents/2020/0217-ghip-strategic-framework.pdf>

procedures as well as the local provider community's slow movement toward advanced pay-for-value contracts with medical carriers for commercially insured populations. The SurgeryPlus program contracts with high quality surgical providers at lower reimbursement levels in exchange for higher patient volume and provides concierge-level support for members contemplating surgery. Further information about the SurgeryPlus program is available the Statewide Benefits Office website at (<https://dhr.delaware.gov/benefits/surgery-plus/index.shtml>). It should be noted that while the SEBC is interested in opportunities to partner with the local provider community outside the confines of a traditional medical TPA, at this point, the SEBC does not have the appetite or bandwidth to pursue direct contracting with local providers for a broad set of services or to remove the medical TPAs from the GHIP's self-insured model unless a compelling case can be made that a targeted approach to direct contracting for a specific scope of services that addresses a critical need among GHIP participants could be feasible in light of the State's current administrative and resource constraints

The SEBC's history of entering into targeted direct contracts with medical providers includes a financial risk sharing arrangement with ChristianaCare (a.k.a. CareVio) for managing the health of the HMO population and reducing trend for that plan. This arrangement has been in place since July 1, 2017 and has provided the SEBC with new insight into the rewards and challenges of partnering more closely with the provider community on the issue of GHIP population health management. Some of the challenges the State has encountered with this arrangement include reaching agreement with all parties around the value delivered by the model, including the financial calculations and member attribution used to derive that value, as well as the identification and measurement of quality associated with care delivery. The section of this RFI focused on stakeholders willing to partner on advanced APMs with down-side risk addresses other key areas of concern for the State that draw upon its early experience with direct provider partnerships.

The SEBC has been similarly challenged by the primary care landscape in Delaware, which is becoming increasingly limited in terms of access to providers and follows the national trend towards a shortage of PCPs⁵. Within Delaware, demand for health care is increasing through a growing, aging population, while at the same time, older PCPs are retiring with fewer younger PCPs taking their place. According to a 2018 Department of Health and Social Services (DHSS)-commissioned study⁶, the number of full-time equivalent primary care physicians within the state declined about 6% from 2013, and would likely continue as PCPs continue to age and retire. Further, while there are likely a sufficient number of PCPs in Delaware ("sufficient" as defined by Federal Health Resources and Services Administration), their location and specialty areas (e.g., internal medicine vs. family practice) are probably not optimal in light of the aging population in Delaware and the prevalence of chronic conditions and other health issues that would benefit from improved utilization of primary care. Particularly for the GHIP population, prevalence of a variety

⁵ "New Findings Confirm Predictions on Physician Shortage" – Association of American Medical Colleges, April 23, 2019. <https://news.aamc.org/press-releases/article/2019-workforce-projections-update/>.

⁶ "Primary Care Physicians in Delaware 2018" – DHSS; based on self-reported data collected from approximately 950 physicians within or adjacent to Delaware. <https://dhss.delaware.gov/dhss/files/primarycarestudy.pdf>.

of chronic conditions and lifestyle risks is higher than national norms, while preventive screening rates are lower than norms⁷. Further, based on ad hoc feedback from GHIP plan participants, coordination and management of mental/behavioral health conditions has been poor. All of these factors underscore the need for primary care providers to support initiatives that manage and coordinate care to improve health risk and chronic conditions.

To further study and recommend solutions to address the ongoing issue of primary care access and sustainability in Delaware, the Primary Care Reform Collaborative was formed following the passage of Senate Bill 227 from the 149th General Assembly. Throughout the Fall of 2018, the Primary Care Reform Collaborative studied this issue and heard testimony from many of the key stakeholders in Delaware. The Collaborative released a report⁸ in early 2019 that put forth several recommendations including:

1. A State mandate for payers to progressively increase primary care spending to reach percentage milestones that eventually account for 12% of total health care spending;
2. The increase in primary care spend should include upfront investments in resources necessary to build and sustain the infrastructure and capacity needed to support a team-based approach to care delivery, along with the inclusion of value-based payments rewarding high quality, cost-effective care;
3. These investments should not increase the total cost of care within Delaware and should be compatible with State benchmarks promoting only sustainable increases in total cost of care;
4. Enforcement of the mandate will occur through legislation or increased regulatory oversight [which led to the formation of the Office of Value Based Health Care within the State of Delaware's Department of Insurance];
5. The State should continue its work to develop detailed payment models to address these recommendations through convening a representative cross section of stakeholders.

This report also identified additional factors contributing to the decline in PCP access in Delaware, including fewer medical students choosing to specialize in primary care, no medical school in Delaware or state-sponsored incentives to attract and retain recent medical school graduates to practice in Delaware, and financial challenges with sustaining an independent PCP practice.

While the emergence of the COVID-19 pandemic created some disruption of the Primary Care Reform Collaborative's forward momentum, the Collaborative's 2020 report

⁷ Further details available within the GHIP Medical and Prescription Drug Dashboards that are appended to the GHIP Quarterly Financial Reporting, example of this report is here:
<https://dhr.delaware.gov/benefits/sebc/documents/sub-comm-2020/0507-financial-reporting.pdf>.

⁸ "Primary Care Collaborative Report 2019" – Primary Care Reform Collaborative.
https://dhss.delaware.gov/dhss/dhcc/files/collabrpt_jan2019.pdf.

reaffirmed the commitment of stakeholders within the Collaborative to developing and implementing policy recommendations that will improve the delivery of primary care and provide Delaware with adequate, quality access at lower costs⁹.

Further complicating this issue has been a recent trend toward PCPs in Delaware moving to a concierge practice model, i.e., additional access fee required for existing patients to continue seeing their PCP. The SBO has been contacted by numerous State employees since mid-2019 with concerns about this trend, including concerns over an inability to pay the access fee. The topic of providers' movement toward concierge medicine and the broader issues related to primary care access in Delaware have been extensively studied by the SEBC and its subcommittees¹⁰.

2.3 Purpose of the Health Care Stakeholder RFI

The SEBC has authorized the SBO to issue a health care stakeholder RFI in an effort to gather best practices in cooperative approaches and innovative solutions to reducing the total cost of care for the GHIP. This RFI will identify strategies that have the potential to support the following goals of the GHIP Strategic Framework:

- Increase GHIP spend through Category 3 & 4 Alternative Payment Models¹¹ to be > 30% of total by end of FY23 and limit total cost of care inflation for GHIP participants commensurate with Delaware Health Care Spending Benchmark by end of FY23 (via opportunities to partner directly with Delaware providers), and
- Reduce GHIP diabetic cost PMPM by 8% by end of FY23 (via expanded access to primary care).

The SEBC is interested in promoting innovative ways to accomplish these goals, even through approaches that do not yet exist in the Delaware marketplace. In instances where innovative approaches are suggested, it is critical that those suggestions articulate how those approaches would also maintain the State's commitment to promoting the delivery of high-quality care in a cost-efficient manner that does not increase the total cost of care.

⁹ "Primary Care Collaborative Report 2019" – Primary Care Reform Collaborative.
https://www.dhss.delaware.gov/dhss/dhcc/files/collabrptfinal2020_050820.pdf

¹⁰ For further information, please reference the materials presented to the SEBC Health Policy and Planning Subcommittee on this issue in February, August, October, November and December 2019, available at: <https://dhr.delaware.gov/benefits/sebc/subcommittee-materials.shtml>.

¹¹ Alternative Payment Models (APMs) are defined within the Health Care Payment Learning & Action Network's APM Framework (<https://hcp-lan.org/apm-refresh-white-paper/>). Category 3B and 4 models involve two-sided risk, i.e., upside gains and down-side risk sharing for health care providers engaged in patient care. While shared savings only models (i.e., APM Category 3A) are included in this goal, the SEBC has preference for models that involve two-sided risk.

Additional information about the health care cost and utilization of GHIP participants can be found on the State's website. RFI respondents are encouraged to review information such as:

- Quarterly financial reports of the GHIP, which include dashboards with key statistics on enrollment, utilization, clinical conditions, and cost drivers (see [FY20Q4](#) and [FY20Q3](#));
- Selected utilization trends for FY20 ([full plan year](#) and incurred through Q3 FY20);
- Plan designs for the State's medical plans through [Highmark Delaware](#) (PPO and First State Basic) and [Aetna](#) (HMO and CDH Gold plans) and prescription drug program through Express Scripts (for [active employees, non-Medicare pensioners](#) and [Medicare pensioners](#)).

The specific goals of the health care stakeholder RFI are to:

- Gather best practices in cooperative approaches to reducing the total cost of care for the GHIP;
- Review creative and innovative solutions that help to improve the triple-aim of health care for the GHIP: cost, access and quality, along with the addition of improved professional satisfaction levels for primary care physicians and other healthcare providers throughout the state;
- Gain a better understanding of the interest from, and readiness of, Delaware health care providers to enter into contracts based on more advanced categories of the APM framework (Category 3B & 4 models); and
- Identify third party providers that could play a role in the Delaware health care marketplace to support the goals of the SEBC.

As such, there may be three primary audiences targeted by this RFI. Considerations for each type of audience have been outlined below. Note: the SEBC is open to ideas inclusive of all different types of stakeholders helping to reduce the total cost of care for the GHIP (not just providers), as well as ideas related to solutions that do not yet exist in the Delaware marketplace. The below audience grouping (and subsequent questionnaire sections) is tailored in such a way so that all responding organizations have the flexibility to align themselves with one or a combination of different types of programs and to articulate their best thinking on innovative alternatives to addressing the challenges that exist today in the management of cost, quality and outcomes of care delivered to GHIP participants as well as in the professional satisfaction levels of individuals within the Delaware health care provider community.

- 1) Health care stakeholders willing to partner with the GHIP in advanced APMs containing down-side risk (Category 3B & 4 models).

In support of more advanced APM categories, consideration would be given to models that address targeted opportunities as well as those that focus on broader population health. Targeted opportunities could be condition-specific (such as related to behavioral health, substance abuse, cancer, maternity, diabetes, musculoskeletal, etc.) or procedure-specific (such as transplants, physical therapy, etc.). Opportunities related to broader population health could include, but would not be limited to, approaches to delivering enhanced primary care, virtual medicine, care coordination/navigation/advocacy, etc.

- 2) Health care stakeholders willing to expand access to primary care with an effort to improve care delivery and coordination for GHIP participants.

Expanded access to primary care may be broadly interpreted by health care stakeholders and includes examples such as offering priority access for GHIP members, nights/weekend availability, low wait times for new patient appointments (to schedule and once arrived at provider's office), etc. Additionally, improvement of care delivery and coordination should be coupled with the longer-term goal of reduction in GHIP member health risk and cost.

- 3) Health care stakeholders willing to improve care delivery, care coordination and care management for GHIP participants

Support in this area would include providing members with engagement tools and clinical support to better manage their care and provide requisite oversight to ensure care is delivered in an efficient manner.

There will be no contract awarded as a result of this RFI. However, findings from this RFI will be used as key inputs for the upcoming Medical TPA RFP, which is scheduled for release by the Spring, 2021.

III. RESPONDENT INFORMATION PACKAGE (RIP) REQUIREMENTS

A. COVER LETTER

Each RIP response will have a cover letter on the letterhead of the company or organization submitting the response. The cover letter must briefly summarize the respondent's ability to provide the services specified in the RFI. The cover letter must also identify a primary and secondary contact person which includes a phone number and email address.

B. DESCRIPTION OF SERVICES AND QUALIFICATIONS

Each response must contain a detailed description of how the respondent could provide the services outlined in this RFI. This part of the response may also include descriptions of any enhancements or additional services or qualifications the respondent could provide that are not mentioned in this RFI.

C. SUBMISSION OF RESPONSE

1. General Directions for Electronic Submission –

The RFI process is being conducted electronically using the Proposal Technologies Network, Inc. (ProposalTech) application. The official response submission process is via ProposalTech.

For any organization that may be unfamiliar with this Web-based tool, ProposalTech representatives will schedule training sessions at your convenience. In advance of the accessing the electronic Questionnaire on the ProposalTech website, you may view an online training demo of the system and its functionality. This demo takes approximately five minutes and will improve your understanding of the system's functionality. Click on the link below to view the flash demo:

http://www.proposaltech.com/help/docs/response_training_798x599.htm

If you have any questions regarding the registration process or have technical questions specific to ProposalTech, contact ProposalTech Support at (877) 211-8316 x84.

2. To access the electronic Questionnaire, respondents must first take the following actions:

In order to register for the Questionnaire go to

<http://www.proposaltech.com/home/app.php/register>.

Enter your email address into the field provided. No registration code is necessary. Click "Begin Registration." If you already have an account with ProposalTech, it will be listed on the registration page. If you do not, you will be asked to provide company information. Once your account has been confirmed, check the appropriate box for the State of Delaware RFI for Health Care Stakeholders and click the "Register" button. If approved to proceed to the Questionnaire, an invitation will be emailed to you within fifteen minutes. If you have any questions regarding the registration process, contact ProposalTech Support at 877-211-8316 x84.

The primary contact should access the website to initiate review and acceptance of the Questionnaire as noted above. Primary contacts will be responsible for establishing permission to access the Questionnaire for other individuals within their organizations. Multiple users from your organization may access the Questionnaire simultaneously.

Detailed instructions for the completion and submission of your Questionnaire responses will be found in the eRFI. ProposalTech will be available to assist you with technical aspects of utilizing the system.

If you would like to schedule a ProposalTech training session please contact ProposalTech at (877) 211-8316, choose option 4, or send an email to support@proposaltech.com.

3. Directions for Confidential and Proprietary Submission, if any –

In order to preserve the confidential and proprietary status of the appropriately designated portion of your response, your response must be submitted as follows: Upload one (1) electronic PDF copy that contains a letter from your legal counsel describing the information in the attached documents (applicable question number(s) are to be referenced from your response) and representing in good faith that the information in each document is not “public record” as defined by 29 Del. C. § 10002. The letter must briefly state the reason(s) that the information meets the said definitions. The single PDF would have the signed letter and each question number of your response with that information behind it in the order stated in the letter so that the State can identify the information without having to look through the entire response. For large sections or appendices, please upload a sheet that identifies the material, not the multitude of pages. For example, “Appendix C – *Disaster Recovery Plan*”.

4. Directions for the Redacted Electronic Copy, if applicable –

- a. Any information you deem confidential and proprietary as identified in the attorney’s letter must be redacted. The State is not responsible for incorrect redactions or reviewing your submission to determine whether or not the information asserted as confidential and proprietary is redacted. Mistakes in redactions are the sole responsibility of the respondent.
- b. Redaction Method - The identification of confidential and proprietary responses has been turned on for this RFI through ProposalTech. If you feel that a response to a question contains proprietary/confidential information, click the “Disclosure” tab located underneath the question and check the box for “Exemption from Disclosure.” Provide a reason for the exemption in the text field provided. If you do not provide a reason for exemption, the question will not be considered answered. DO NOT make every response confidential, but only select those responses that contain information that is proprietarily identifiable for your company. Note that any responses that have been redacted must additionally be reflected via the process outlined in Section III. C.
- c. PDF - A *complete* electronic copy is needed with the redacted materials in a PDF format. We need this separate complete electronic copy to use for FOIA requests. If you would like to download a hard copy of your response with confidential responses redacted, you may do so within ProposalTech. If you have any questions regarding this process, please contact ProposalTech Support at 877-211-8316 x84. You must scan all the documents as directed above in the *General Directions for Electronic Copies* above. For large sections or appendices, please upload a sheet that identifies the material, not pages of black redactions. For example, “Appendix C – *Disaster Recovery Plan* – is confidential and proprietary and is not public record as defined by FOIA at 29 Del. C. § 10002(d)”.

5. **Follow-Up Responses –**

The same format requirements apply to follow-up responses and presentation materials. **If information in any of the follow-ups and presentation matches the type that was requested for a confidential and proprietary determination, you must upload a redacted electronic version of the document(s).**

6. **Response Submission Date –**

Your complete response must be submitted via ProposalTech no later than **1:00 p.m. ET on Tuesday, December 1, 2020.**

7. **General Modifications to RFI –** The SEBC reserves the right to issue amendments or change the timelines to this RFI. All firms who registered to respond to the Questionnaire will be notified via ProposalTech of any modifications made by the SEBC to this RFI, where applicable. If it becomes necessary to revise any part of the RFI, a notification of addendum will be emailed to all respondents via ProposalTech who registered to respond

IV. RESPONDENT INFORMATION PACKAGE (RIP) RESPONSE

Please respond with your qualifications, capabilities, and services your organization could provide as follows.

Please note that all responses should include answers to questions in Section A below along with at least one of the other three sections (B-D). You are not required to provide answers to the entire questionnaire if your proposed solutions only address a subset of the areas referenced in Sections B-D below.

A. GENERAL INFORMATION

A.1 Please provide a brief history (500 words or less) of your company. Include a summary of your status with respect to any past (within the last 48 months), current, or prospective mergers and acquisitions. Additionally, please articulate how your organization's overall strategy will help to manage, coordinate and improve the quality of care delivery for GHIP members with the ultimate goal of reducing total cost of care.

A.2 Please describe your strategy towards growth and any immediate plans for expansion both nationally and in the Delaware marketplace (if applicable).

B. HEALTH CARE STAKEHOLDERS WILLING TO PARTNER WITH THE GHIP IN ADVANCED APMS CONTAINING DOWN-SIDE RISK (CATEGORY 3B & 4 MODELS)

B.1 Please provide a brief overview of your interest and willingness to partner with the SEBC to enter into advanced APMS containing down-side risk. In your response, include the details of the specific APM Category that you would be interested in partnering with the SEBC to develop.

B.2 Do other solutions similar to what you've described in response to the prior question exist in the Delaware marketplace today? If not, how would your suggested approach also maintain the State's commitment to promoting the delivery of high-quality care in a cost-efficient manner that does not increase the total cost of care?

B.3 Please outline your prior experience with risk-based models (shared savings with upside risk only and/or two-sided), including specific details about the nature of the models you've entered into previously, results delivered, book-of-business trends, etc.

B.4 Please indicate any value-based contracting arrangements (in total and by specific APM Framework category) as a percent of total spend for your book of business OR as a percent of your attributed population in calendar year 2019. In the first row of the chart below, please indicate on which basis you are responding, and if you are responding based on your attributed population, please explain how you are defining attribution:

| On what basis are you providing your response? <i>(% total spend for book of business or % of attributed population, with "attribution" defined as:)</i> | |
|--|-----------------|
| APM Framework Category¹² | |
| a. Total value-based contracting arrangements | <i>Percent.</i> |
| b. Category 2A – Foundational Payments for Infrastructure and Operations | <i>Percent.</i> |
| c. Category 2B – Pay for Reporting | <i>Percent.</i> |
| d. Category 2C – Pay-for-Performance | <i>Percent.</i> |
| e. Category 3A – APMS with Shared Savings | <i>Percent.</i> |
| f. Category 3B – APMS with Shared Savings and Downside Risk | <i>Percent.</i> |
| g. Category 4A – Condition-Specific Population-Based Payment | <i>Percent.</i> |
| h. Category 4B – Comprehensive Population-Based Payment | <i>Percent.</i> |
| i. Category 4C – Integrated Finance & Delivery System | <i>Percent.</i> |

B.5 Please describe your internal processes to support the assumption of risk. Support may include, but not be limited to: increased capacity to support care delivery through additional providers, care coordinators, community health experts, etc.; and investments in

¹² For further details about the APM Framework, refer to: <https://hcp-lan.org/apm-refresh-white-paper/>

health information technology such as electronic medical records, data warehousing, analytics to measure and evaluate quality, etc.

B.6 Please describe how you will report ongoing financial and clinical performance to the portions of your organization (including individual employees) responsible for delivering on financial and clinical performance targets. In instances where performance targets either are or are not met, would you alter the individual compensation of the employees responsible for achieving those targets, or would the impact of any success or failure to meet targets be realized at the enterprise / organizational level only?

B.7 Please outline the type(s) of clinical services that would be provided to GHIP members.

B.8 Please describe how you would propose to staff the clinical services that you would provide to GHIP members.

B.9 Describe how you would monitor GHIP participant satisfaction with your services.

B.10 What internal models and/or analytics would you use to assess financial impact and outcomes, for both estimated prospective savings and for retrospective program evaluation? Please indicate the following in your response:

- a. Whether you have conducted internal or external reviews for program evaluation to estimate savings or ROI.
- b. What is measured to assess financial impact.
- c. What is measured to assess clinical and quality outcomes.
- d. What your efficiency and quality metrics of success are for these emerging models.

B.11 Please describe how you will use patient attribution models to measure results, i.e., how the attribution methodology works, how quality and efficiency outcomes will be attributed to providers, and if risk-adjusted measurement will be used.

B.12 What sort of reporting would you be able to provide to the SEBC that describes GHIP participant health outcomes and experience with your services, including, but not limited to: member satisfaction, quality of care delivered, change in health outcomes, change in health care costs. Additionally, please comment on how the reporting would demonstrate the link between quality and payment for the services you're providing.

B.13 Please describe your capacity to exchange data with the following types of providers and systems in support of advanced APMs containing down-side risk. For each, indicate the following:

| | Send data to | Receive data from |
|---|--------------|-------------------|
| a. Highmark and/or Aetna (claims and enrollment data) | Yes/No/NA | Yes/No/NA |
| b. External laboratories | Yes/No/NA | Yes/No/NA |

| | Send data to | Receive data from |
|--|-------------------|-------------------|
| c. Pharmacies | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| d. External radiology systems | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| e. Community-based doctors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| f. Hospitals | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| g. Health Information Exchanges | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| h. Regional Health Information Organizations | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| i. Health plans and insurers | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| j. Claims clearinghouses | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| k. Disease/health management vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| l. Workers compensation vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| m. EAPs | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| n. Disability vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| o. Personal health records | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| p. Health risk assessments | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| q. Telemedicine | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| r. Others? | <i>100 words.</i> | <i>100 words.</i> |

B.14 Please describe any enhancements or additional services or qualifications you could provide to the State that would enhance your ability to partner with the GHIP in advanced APMs containing down-side risk (Category 3B & 4 models).

C. HEALTH CARE STAKEHOLDERS WILLING TO EXPAND ACCESS TO PRIMARY CARE TO IMPROVE CARE DELIVERY AND COORDINATION FOR GHIP PARTICIPANTS

C.1 Please provide a brief overview of your interest and willingness to partner with the SEBC to expand access to primary care to improve care delivery and coordination for GHIP participants. In your response, include a description of how you would propose to expand access to primary care, whether you propose to accomplish this with the existing providers within your organization or if you would recruit additional providers, and the specific details of any perks provided to GHIP participants (e.g., additional after-hours or weekend appointments, same-day appointment scheduling, priority appointments, etc.).

C.2 Do other solutions similar to what you've described in response to the prior question exist in the Delaware marketplace today? If not, how would your suggested approach also maintain the State's commitment to promoting the delivery of high-quality care in a cost-efficient manner that does not increase the total cost of care?

C.3. Please outline the type(s) of clinical services that would be provided to GHIP members.

C.4 Please describe how you would propose to staff the clinical services that you would provide to GHIP members.

C.5 Describe how you would monitor GHIP participant satisfaction with your services.

C.6 What sort of reporting would you be able to provide to the SEBC that describes GHIP participant health outcomes and experience with your services, including, but not limited to: member satisfaction, quality of care delivered, change in health outcomes, change in health care costs. Additionally, please comment on how the reporting would demonstrate the link between quality and payment for the services you're providing.

C.7 Please describe your capacity to exchange data with the following types of providers and systems in support of offering expanded access to primary care. For each, indicate the following:

| | Send data to | Receive data from |
|---|-------------------|-------------------|
| a. Highmark and/or Aetna (claims and enrollment data) | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| b. External laboratories | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| c. Pharmacies | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| d. External radiology systems | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| e. Community-based doctors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| f. Hospitals | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| g. Health Information Exchanges | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| h. Regional Health Information Organizations | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| i. Health plans and insurers | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| j. Claims clearinghouses | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| k. Disease/health management vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| l. Workers compensation vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| m. EAPs | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| n. Disability vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| o. Personal health records | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| p. Health risk assessments | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| q. Telemedicine | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| r. Others? | <i>100 words.</i> | <i>100 words.</i> |

C.8 Please describe any primary care physician extender capabilities you currently offer or are pursuing.

C.9 Do you provide onsite nursing and/or coaching services that are linked to the primary care services you provide? If yes, please describe your capabilities.

C.10 As part of your capabilities to offer expanded access to primary care, do you offer health kiosks at employer worksites? If yes, please describe your capabilities and indicate if the kiosks are staffed by a medical assistant, nurse, or other support personnel.

C.11 Do you currently offer telehealth or other virtual services as part of your expanded primary care solution? If so, please describe.

C.12 How would you propose to integrate the State's existing telemedicine/virtual care services with your expanded primary care solution?

C.13 How would you propose to integrate your services with other benefits, programs and services provided to GHIP participants through the State Group Health plan¹³? In your response, please describe:

- a. How you would ensure that the individual care providers operating within your proposed solution would be aware of the other benefits, programs and services provided to GHIP participants;
- b. how those care providers would refer GHIP participants to other available benefits, programs and solutions where appropriate; and
- c. how your solution would accept referrals from other programs and solutions offered to GHIP participants.

C.14 Please describe any enhancements or additional services or qualifications you could provide to the State that would enhance your ability to expand access to primary care to improve care delivery and coordination for GHIP participants.

D. HEALTH CARE STAKEHOLDERS WILLING TO IMPROVE CARE DELIVERY, COORDINATION, AND MANAGEMENT FOR GHIP PARTICIPANTS

D.1 Please provide a brief overview of your interest and willingness to partner with the SEBC to improve care delivery, coordination and management for GHIP participants. In your response, include a description of how you would propose to better engage members and provide superior oversight and management of members' clinical conditions.

D.2 Do other solutions similar to what you've described in response to the prior question exist in the Delaware marketplace today? If not, how would your suggested approach also maintain the State's commitment to promoting the delivery of high-quality care in a cost-efficient manner that does not increase the total cost of care?

¹³ For more information about the other benefits, programs and services provided to GHIP participants through the State Group Health plan, please refer to the Statewide Benefits Office website: <https://dhr.delaware.gov/benefits/>

D.3. Please outline the type(s) of care delivery, coordination and management services that would be provided to GHIP members.

D.4 Please describe how you would propose to staff the services that you would provide to GHIP members.

D.5 Describe how you would monitor GHIP participant satisfaction with your services.

D.6 What sort of reporting would you be able to provide to the SEBC that describes GHIP participant health outcomes and experience with your services, including, but not limited to: member satisfaction, quality of care delivered, change in health outcomes, change in health care costs. Additionally, please comment on how the reporting would demonstrate the link between quality and payment for the services you're providing.

D.7 Please describe your capacity to exchange data with the following types of providers and systems in support of managing, coordinating and improving care delivery. For each, indicate the following:

| | Send data to | Receive data from |
|---|-------------------|-------------------|
| a. Highmark and/or Aetna (claims and enrollment data) | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| b. External laboratories | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| c. Pharmacies | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| d. External radiology systems | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| e. Community-based doctors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| f. Hospitals | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| g. Health Information Exchanges | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| h. Regional Health Information Organizations | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| i. Health plans and insurers | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| j. Claims clearinghouses | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| k. Disease/health management vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| l. Workers compensation vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| m. EAPs | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| n. Disability vendors | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| o. Personal health records | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| p. Health risk assessments | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| q. Telemedicine | <i>Yes/No/NA</i> | <i>Yes/No/NA</i> |
| r. Others? | <i>100 words.</i> | <i>100 words.</i> |

D.8 How would you propose to integrate your services with other benefits, programs and services provided to GHIP participants through the State Group Health plan¹⁴? In your response, please describe:

- a. How you would ensure that the individual care providers operating within your proposed solution would be aware of the other benefits, programs and services provided to GHIP participants;
- b. how those care providers would refer GHIP participants to other available benefits, programs and solutions where appropriate; and
- c. how your solution would accept referrals from other programs and solutions offered to GHIP participants.

D.9 Please describe any enhancements or additional services or qualifications you could provide to the State that would enhance your ability to improve care delivery, coordination and management for GHIP participants.

¹⁴ For more information about the other benefits, programs and services provided to GHIP participants through the State Group Health plan, please refer to the Statewide Benefits Office website: <https://dhr.delaware.gov/benefits/>